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Finland : Fact Sheet on Social Care & Support Services Sector for Persons with Disabilities

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Finland Fact Sheet on Social Care & Support Services Sector for Persons with Disabilities

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SUBSECTORS OF SOCIAL CARE & SUPPORT SERVICES AND THEIR CHARACTERISTICS

The Finnish welfare system follows the Nordic model where most services are funded and provided publicly, and this can be seen also in disability services. In Finland, disability services are the responsibility of local authorities (municipalities whose administration is based on local self-government), although part of the funding comes from central government in the form of central grants and a small share from service users, that is, disabled people. In Finland, the focus of disability policy is to promote the inclusion of disabled people in mainstream education, social and health care, not on the provision of special services. The following text presents the way Finnish disability services are provided in theory, according to the laws. However, in practice, receiving all these services may be complicated, depending on the municipality, as different municipalities have different procedures and criteria for services.

Early Childhood Intervention

Concerning early childhood (below the school age that is 7; although children with intellectual disabilities can have an extended time in school, starting from the age of 6 years and continuing to the age of 11 years), Finnish municipalities are responsible for integrating children with all kinds of disabilities in mainstream services such as health care, day care, social services and early education and care, and highlight the abilities of the child rather than her/his inabilities. Municipal mainstream schools, health and social services are thus expected to pay attention to the needs of children with disabilities, for instance assuring physical and information accessibility. Only when the mainstream services cannot accommodate disability-related needs, municipalities provide special social services for persons with disabilities. These services include, for example, personal assistance, transport services and residential care, although there are differences between service provisions of individual municipalities, due to their local autonomy. Rehabilitation and therapy services are organised by public health care.

Municipalities are expected to provide care workers and kindergarten staff members with information and knowledge on how a child with any disability can be part of the peer group and how the environment has to be adjusted accordingly. In addition, municipalities allocate special kindergarten teachers or special assistants to mainstream kindergartens. In several municipalities, parents of children with disabilities and chronic illness have access to peer support and to counselling by psychologists, social workers or other professionals from municipalities and/or NGOs.

Education Support¹

The geographically closest mainstream school is considered to be the primary place for children with all disabilities, with the support of special teachers or special assistants, when their parents so wish. When children with disabilities cannot benefit from the mainstream schooling, due to, for example, the severity of cognitive impairment, only then special education separate from non-disabled peers is provided by municipalities. In both mainstream and special schools, municipalities are expected to adjust the physical accessibility as well as the social/cultural environment to meet the needs of children with disabilities. In addition, municipal schools can provide special education teachers, assistants/tutors, interpretation or communication services, support services, and assistive devices to school children (according to Basic Education Act 628/1998). Morning and afternoon care of activities is also provided by municipalities for children with intellectual disabilities. Finnish Deaf children have the right to receive education in the Finnish sign language which is funded by the central government (Social Insurance Institution of Finland, KELA). KELA can pay for learning devices such as computers and their accessories for children with different disabilities. In addition, disability services of municipalities cover transportation also after the basic education time, for those who cannot travel to school safely or without unreasonable difficulties².

¹Children aged 6 go to preschool for a year, to primary school at the age of 7 for six years, and to junior high school at the age of 13 for three years.

²All children who live more than five kilometers away from their school are entitled to free school transport by municipalities in basic education, covering primary and junior high schools.



Employment Support

General employment services of municipalities provide advice, guidance, trainings, and salary-supported employment free of charge to individuals as well as employers. Employers can receive financial support to adapt the workplace for a person with disability. Persons with disabilities, like anyone else, are entitled to use these services. In addition, municipalities provide some specific employment services for persons with disabilities. These include day activities (that is, recreational activities that support functional abilities) or activities such as vocational training and life skills training that support the employment of people with intellectual disabilities. They support more than half (15,000 out of 25,000) of working-age persons with intellectual disabilities, who are engaged in employment activities organised by the municipalities (Kehitysvammaliitto, 2016)³.

Day Care

Municipalities provide day centre activities to persons with severe intellectual disabilities who are not employed. From among the 25,000 persons with intellectual disabilities of employment age, 5,000-6,000 use day centre activity services.

Living Support

According to the Disability Services Act 380/1987, persons with disabilities can receive special support when mainstream municipal services are not enough to meet their needs. Social workers of municipalities are expected to make personal individualised support plans for each individual with a severe disability.

Persons with severe disabilities of any kind⁴ are entitled to the following services to be provided by their municipalities based on the personal individualized support plans:

- transportation services
- service housing (that is, sheltered/supported housing)
- personal assistance
- day centre activity
- housing renovation
- assistive devices at home.

Municipalities are required to provide the above-mentioned services under all circumstances but some other services are not available in all municipalities, as they depend on the financial situation of the municipality:

- rehabilitation counseling
- cultural integration
- reimbursement of the tools, machines and equipment needed to perform day-to-day activities
- compensation for extra clothing costs
- special food costs
- other services and support needed to implement the purpose of the Act.

Rehabilitation, supporting independence in everyday life, is provided by KELA, the Social Insurance Institution to those who have severe disabilities and are under 65 years old.

On top of the above-mentioned services, municipalities also provide special services for persons with intellectual disabilities, based on the Act on Intellectual Disabilities 519/1977, including:

- housing services
- care in family surroundings

³Only 400-500 persons with intellectual disabilities (2%) are in paid work under ordinary conditions.

⁴A person with a severe disability (including people with intellectual disabilities but being not limited to them) is defined as a person who, due to his/her long-term or progressing disability or illness, necessarily and repeatedly, needs the assistance of another person for daily activities, work, education and hobbies, and the limitation is not primarily due to aging.



- care in an institution (the deinstitutionalization process is going on and the plan is that by 2020 all persons have moved out out institutions)
- work activities and day center activities.

DPOs help persons with disabilities to find out and access relevant services.

Long-Term Institutional Care and Respite Care

There are several kinds of municipal residential care services specifically for persons with disabilities. These include supported housing, sheltered housing, and institutional care, listed in the order from lighter to more intensive support needs. Most often, services for people with intellectual disabilities are separate from services for people with other kinds of disabilities. A large part of group homes and service housing as well as day centers are run by non-profits, some of which are local while others are national. Some are run by for-profit service providers. According to a government Resolution on Securing Individual Housing and Services for Persons with Intellectual Disabilities from 2012, institutions for people with intellectual disabilities are due to be closed down by 2020. The focus of disability policy has instead been to promote independent living of persons with disabilities. Municipalities organise relocation training for persons with disabilities, as well as their family members, when they move towards independent living, to a housing option with lighter support. At the end of 2016 there were still 795 persons with disabilities in institutions, including 131 youth and children with disabilities under the age of 18 years. A few institutions are run by NGOs but most are municipal.

Table 1. Housing of persons with intellectual disabilities, 31 December 2016. (Source: THL 2017)

	<18 years	18-29 years	30-49 years	50-64 years
Institutional care	191	220	219	209
Housing with 24/7 services	213	1713	2736	2348
Housing without 24/7 services	3	394	719	578
Supported housing	2	419	609	474
Total	409	2746	4283	3609

Leisure and Social-Life Support

The Sports and Culture Departments of municipalities provide different hobby opportunities for all, including children and persons with disabilities. DPOs also organise a variety of hobbies and activities.

The Finnish Sports Association for Persons with Disabilities (VAU), which is a non-governmental umbrella sports organisation for persons with disabilities in Finland, for example, organises different sports and exercise events.



FUTURE TRENDS

Most disability services in Finland are provided by municipalities themselves (as 'in-house' provision) but in several areas of disability services, non-profit providers have had an important role. For example, a large part of group homes and service housing as well as day centers are run by non-profits, some of which are local, while others are national. Recently, for-profit providers have also started to gain increasing importance in social and health care in Finland. Large private corporations have been interested mostly in other areas of social care like care for older people, where the volume of services is much larger, but smaller for-profits have also started to enter the sector of disability services.

Social welfare and health care reform (SOTE reform), which is the top priority of the current government, has been under preparation in Finland for years. The Parliament has scheduled the legislation of this reform to be enacted in spring and summer 2018. According to the plans, the reform will change the administrative structure of all social and health care, including disability services, and it is expected to come into force 1 January 2020. At the moment, 311 municipalities are responsible for administering these services but this responsibility will be transferred to 18 regional governments from 2020 onwards. This reform is expected to reduce (the projected increase of) public spending by 3 billion EUR by 2029, but this objective has been deemed unrealistic by many social and health care experts. Besides the SOTE reform, the current government aims to reduce the costs of disability services by 61 million EUR, which will further complicate the availability of such support that fits with the individual needs of disabled persons and their families. The SOTE reform aims to increase considerably the share of for-profit providers within social and health care by implementing a consumer choice model (labeled as 'freedom of choice'). Disability activists and researchers have raised criticism against the increasing privatisation of service provisions and also against current tendering practices that often lead to, for example, changes of providers of group homes, and thus disturb the everyday lives of disabled people and their families. The plans of the SOTE reform include the implementation of personal budgets and customer choice, which both have been debated as they can include both positive changes but also risks for disabled people.

Furthermore, disability service legislation is currently under revision: the goal is to merge the current Disability Service Act 380/1987 and the Act on Intellectual Disability 519/1977. The new Disability Service Act, too, is to be enacted in spring 2018 and implemented in January 2020, at the same time as the SOTE reform. Currently, persons with brain injury, persons with autism, and persons with neuropsychiatric conditions, especially children and youth, tend to be left out of the Finnish social and health care system due to different and often narrow interpretations of disability in different municipalities. At the same time, legal reform is needed to ensure that services are based on individual support needs. However, now the central government wants to cut the costs of disability services, which will further complicate the availability of such support that fits with individual needs of disabled persons and their families.

At the moment, there are many developments going on in Finland that will have major influence on future disability services. The SOTE reform aims to introduce customer choice and personal budgets, which will bring new elements to disability services in Finland. Recently, for-profit providers have also started to gain increasing importance in social and health care in Finland. Large private corporations have been interested mostly in other areas of social care like care for older people, where the volume of services is much larger, but smaller for-profits have started to also enter the sector of disability services. At the same time, the government is cutting the funding of disability services; and similar trends are taking place at the local level. Overall, the direction is probably towards increasing for-profit (and non-profit) provision and decreasing municipal provision and towards customer choice and personal budgets.

Finland is preparing its first state report on the implementation of the UNCPRD to the UN Committee of the Rights of Persons with Disabilities to be submitted by June 2018. In the spring of 2018, the government plans also to introduce a new law on self-determination to the Parliament. In January 2018, a new law on physical accessibility of buildings came into force. The accessibility directive of the EU that guides accessibility to websites will be domesticated in a law, which, too, will be discussed in the Parliament in the spring of 2018.



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